



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <b>(fees effective on or after October 1, 2004)</b>		Docket Number (Optional) SAIC0006-CON1
Application Number 10/796,071		Filed March 10, 2004
For A SYSTEM AND METHOD FOR REPLICATING VOLUME HOLOGRAMS		
Art Unit 1756		Examiner Angebranndt, M.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$450
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$_____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 501458. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor.

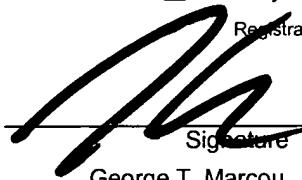
assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 33,014

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_.

  
Signature  
George T. Marcou

Typed or printed name

Telephone Number

1/25/05  
Date

202 508 5800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450)

Complete If Known	
Application Number	10/796,071
Filing Date	March 10, 2004
First Named Inventor	Richard L. SUTHERLAND, et al.
Examiner Name	Angebranndt, M.
Art Unit	1756
Attorney Docket No.	SAIC0006-CON1

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order
 Deposit Account:

Deposit Account Number	KILPATRICK STOCKTON LLP
Deposit Account Name	501458

## The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	790	395
1002	2002	350	175
1003	2003	550	275
1004	2004	790	395
1005	2005	160	80
SUBTOTAL (1)		(\$ 0)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below	Fee Paid
		-20 **	= 0		
Independent Claims		-3 **	= 0	X	= 0
Multiple Dependent				X	= 0

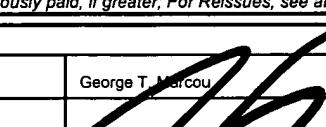
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1202	2202	18	9
1201	2201	88	44
1203	2203	300	150
1204	2204	88	44
1205	2205	18	9
SUBTOTAL (2)		(\$ 0)	

\*\*or number previously paid, if greater. For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	430	215
1253	2253	980	490
1254	2254	1,530	765
1255	2255	2,080	1,040
1401	2401	340	170
1402	2402	340	170
1403	2403	300	150
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,370	685
1501	2501	1,370	685
1502	2502	490	245
1503	2503	660	330
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	790	395
1810	2810	790	395
1801	2801	790	395
1802	1802	900	900
Other fee (specify) _____		SUBTOTAL (3) (\$ 450)	

\*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	George T. Marcou	Registration No. (Attorney/Agent)	33,014	Telephone 202 508 5800
Signature				Date 1/25/05

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